

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  
or

Date qualified as committee

Received  
Oxnard City Clerk

Amendment

2019 NOV 12 PM 5:40

Date qualified as committee

Termination - See Part 5

08 / 09 / 18

Date of termination

Date Stamp

RECEIVED AND FILED  
In the office of the Secretary of State  
of the State of California

OCT 28 2019

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**      **I.D. Number** 1399037      **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
No Perello Recall Committee

STREET ADDRESS (NO P.O. BOX)  
2391 Redwing Lane

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93036 (805) 240-6194

MAILING ADDRESS (IF DIFFERENT)  
Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
perello.bert@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura City of Oxnard

NAME OF TREASURER  
Bert E. Perello

STREET ADDRESS (NO P.O. BOX)  
2391 Redwing Lane

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93036 (805) 240-6194

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 22, 2019 By Bert E Perello  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 22, 2019 By Bert E Perello  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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Executed on \_\_\_\_\_ By \_\_\_\_\_  
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